



**Written comments Senate Health Policy Committee 3/20/14
RE: House Bill 4865**

SUSTAINING MEMBERS

Beaumont Children's Hospital
DMC Children's Hospital of Michigan
Henry Ford Health System
Hurley Medical Center
University of Michigan
C.S. Mott Children's Hospital and
Von Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

Michigan Section, American Congress
of Obstetricians and Gynecologists
Mott Children's Health Center

PARTNERING MEMBERS

Calhoun County
Public Health Department
College of Health and Human Services,
Eastern Michigan University
Detroit Department of Health
and Wellness Promotion
Genesee County Health Department
Health Department of
Northwest Michigan
Inter-Tribal Council of Michigan
Michigan Association for
Infant Mental Health
Michigan Coordinated
School Health Association
School-Community Health Alliance
of Michigan
Tomorrow's Child

GENERAL MEMBERS

Healthy Mothers Healthy Babies
of Michigan
Maternal-Newborn Nurse Professionals
of Southeastern Michigan
Michigan Association of School Nurses
Michigan Section,
Association of Women's Health,
Obstetric and Neonatal Nurses

EXECUTIVE DIRECTOR

Amy Zaagman
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Dear Chair Marleau and members of the committee:

Good afternoon, my name is Amy Zaagman and I am the Executive Director of the Michigan Council for Maternal and Child Health. Council membership is comprised of large hospital systems, statewide organizations and smaller local entities organized around the belief that through a collective voice they can help shape policy and legislation that impact maternal and child health in Michigan. We appreciate this opportunity to share our thoughts on House Bill 4865 before the committee today.

Over the past several years the issue of mobile dentistry services offered to children, primarily in school and day care settings, has come up many times among MCMCH membership. Several members offer dental services as part of maternal and pediatric clinic-based care and all recognize the critical importance of access to quality dental care. The following concerns about the currently unregulated climate of mobile dentistry give you some rationale for our support of the regulation and structure called for in HB 4865.

When children receive care through mobile dentistry units:

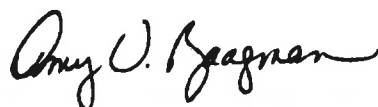
- Exam findings are not always available or given to the parent (this is by parent report to the provider), and providers have difficulty getting any information from the mobile dental groups. This creates a need to repeat the exam to determine what treatment is needed rather than focusing on the immediate problem. Most insurers have a limit on the number of exams that will be reimbursed per 12 month time period.
- Clinics are unable to get copies of radiographs taken and must often retake to confirm diagnosis. Occasionally parents/caregivers have a paper copy of the x-rays but these are typically of poor quality and it is difficult to make a diagnosis. This is an additional radiation exposure for the child as well as a duplication of services. Depending on the type of x-rays taken, providers may or may not receive reimbursement.
- Parents/Caregivers are often not aware (by parent report) of the dental services that were provided.

- Parents/Caregivers may encounter unnecessary out-of-pocket expense because the mobile dentist entity has used the insurance benefits available for the child. If the child needs an exam or x-rays from a local dentist and the benefits are not available the dentist will charge the child's family for the duplicate services provided.
- Dental sealant benefits are covered once per lifetime for Healthy Kids Dental recipients. If the sealant placed by a mobile dentist entity is lost, the mobile dentist is not available to replace the sealant. If the sealant is replaced by a local dentist there will be no benefit remaining for reimbursement and the parent will be charged.
- There is difficulty contacting the mobile dentists by phone. Calls are often not answered or returned in a timely manner and they are reluctant to share information. Parents must go through a lengthy process to have records released and this can often delay care for the child.
- If a child has treatment needs that the mobile dentist does not provide, they must select a provider from a short list of local dentists provided without regard for the coordination of care that may actually occur with that provider.
- Mobile dentists do not provide emergency care. Again, families must choose from the list of dentists provided and coordinate their own appointments. These children are often seen through the emergency room and this is very expensive care.

MCMCH members recognize the scarcity of dental care for children in Michigan, despite the efforts in recent years to scale up the Healthy Kids Dental program. We recognize that the current reality may necessitate solutions such as mobile dentistry entities. But we urge the committee to recognize that mobile dentists discourage the establishment of and cannot provide a "dental home" for comprehensive, ongoing care that provides the best and most cost effective management and outcomes for oral diseases.

HB 4865 is a good step towards regulating this part of the delivery system and we look forward to a continuing conversation that will ensure every child has access to quality, coordinated dental care that includes education about prevention for both parent and child.

Sincerely,



Amy U. Zaagman
Executive Director